

## MRM System Access Request Form

### MMS System Infrastructure Users

**USER INFORMATION:** ☐ New User ☐ Change User ☐ Delete User

**LEGAL NAME:**

Current User ID

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Initial

**PREFERRED NAME(Optional):**

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Initial

**User Telephone Number:** \_\_\_\_\_

**Organization:**  
(Required Field)

\_\_\_\_\_  
Enter full Federal Agency, State Agency, Tribe, or Compay Name

**User Mailing Address:**  
(Required Field)

**User E-mail Address:** \_\_\_\_\_

☐ **FEDERAL:** \_\_\_\_\_  
Agency Acronym

☐ **STATE:** \_\_\_\_\_  
2 Digit Alpha

☐ **TRIBE**

☐ **INDUSTRY:** \_\_\_\_\_ Customer Id/Payer Number

☐ Check If Solids P and R reports Submitted

☐ 205 Auditor

☐ 202 Auditor

COMMENTS

### Certification

1. I understand that MMS's Computer Systems, Electronic Mail, Internet connections and associated equipment; software and data are to be used for official government business only and in conjunction with Department of the Interior and MMS policies. Law prohibits any other use of these items (section 641, 18 USC.). Violations of the law can result in loss of computer privileges and disciplinary action.

2. I agree NOT to reproduce (except for backup purposes) copyrighted licensed software and its related documentation unless specifically authorized in writing by the appropriate vendor. I further agree to use only legally authorized copies of copyrighted or licensed software.

3. If I suspect infection by a virus, I must immediately stop using the involved computer, call User's Customer Support and follow established procedures. I agree not to turn off the computer if this is part of the organizational procedures.

4. I will handle sensitive data appropriately and understand that this information is not to be exchanged, divulged, or otherwise compromised in any way unless necessary for official government business. I agree not to disclose information covered by the Privacy Act to unauthorized personnel.

5. I will select my own passwords and I will NOT share my passwords or User ID with anyone. If I no longer need access to an MRM system for any reason, I will contact MRM and notify them to delete my User ID from that system.

6. If I am aware of a security breach (password sharing, use of unauthorized software), I will immediately notify my supervisor or the Network/LAN Administrator and the Organizational Security Manager.

7. I confirm that the information provided above is accurate and complete and that I have not knowingly or deliberately misrepresented any information provided.

User Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name (print): \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_